Docket No.: 514.1003

DECLARATION AND POWER OF ATTORNEY

My residence, post office address an	d citizenship are as stated belo-	w next to my name.		
I believe I am the original, first and s	sole inventor (if only one name	is listed below) or an original, first and joint inventor (if plural	names are listed	below) of the
DATA TRANSMISSION AND IN	STALLATION METHOD.	the invention entitled: TELECOMMUNICATIONS CARD the specification of which (check one)	FOR SECURE	E OPTICAL.
A is attached hereto	,	and observation of which (cutory (wife)		
was filed on		as Application Scrial No.		aud was
amended on I bereby authorize and m	(if applicable).	Davidon & Vanand II C & 1340 A Co.		
THE PERSON NAME OF THE PERSON NAMED OF THE PER	A Arbhresmon namoel	Davidson & Kappel, LLC. of 1140 Avenue of the Americas, N	lew York, New Y	York 10036 to
When and the section of the section	n appucation when known.			
I hereby state that I have reviewed at referred to above.	nd understand the contents of t	he above identified specification, including the claims, as amon	ided by any ame	ndment
	l information which is known to	o me to be material to the patentability of this application as de-		
7.00.				
I hereby claim foreign priority benefit	ts under Title 85, United State	s Code, '119 of any foreign and/or provisional application(s) for	or natent or inve	mor's cortilies
application on which priority is claim	OCIOW SIDV IOICIPH BRID/OF BROWN	sional application for patent or inventor's certificate having a fil	ing dute before t	hat of the
	ica.			
PRIOR APPLICATION(S)			Priority	claimed
Av I			•	CBunica
(Number)	(Country)	(Day/Month/Year Filed)	Yex	No
(Number)	(Country)	(Day/Month/Year Filed)	Yes	S*-
	•			No
I hereby claim the benefit under Title	: 35. United States Code, 120	of any United States application(s) listed below and, insotar as	the subject mar	ter of each of
THE PARTY OF THE PARTY OF THE PROPERTY OF THE	sciosed in the prior Chilen 213	MY STATEMENT OF THE STATEMENT CONTRACTOR OF THE STATEMENT	***** * ** * * * * * * * * * * * * * *	
date of the prior application and the r	ose maneran morniamon as ne	DRCC ID LITE N. LOGO At Kadam) Dassilations 11 EC/.\ 11 L	occurred betwee	n the filing
and the proof application and the t	entous of the time manoual fr	ling date of this application;		
(Application Serial Number)	(Filing Date)	(Status) (patented, pending, abandone	ď)	
			,	
(Application Serial Number)	(Filing Date)	/0		
	(1 mig Date)	(Status) (patented, pending, abandone	d)	
And I hereby appoint Clifford M. Da	vidson, Registration No. 32,72	8, Leslye B. Davidson, Registration No. 38,854, Cary S. Kappe	I Rosissmeion N	la 96 661
connected therewith commondance	oddess DATIDOON DATE	or, Cynina K. Moore, registration No. 46,086 and David Kna- cule this application and to transact all business in the Patent, a	sel Trademark (Office
10036; Telephone: (212) 997-1028; F		DSON & KAPPEL, LLC, 1140 Avenue of the Americas, 15th	Floor, New Yor	k, New York
hereby declare that all statements ma	ade herein of my own knowledg	The are thus and thread exercises and the first transfer of the same of the sa		
201 01 1100 100	of the United States Code and t	hat such willful false statements may jeopardize the validity of i	nne or imprison a voitestian a	inchi, of
ssued thereon.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	approximation ()	any panere
	1			
Full name of sole or first		Full name of joint		
Inventor Peter Snawerat	-1 []	Inventor, if any		
Inventor's signature	X MAINELAST	• • • • • • • • • • • • • • • • • • • •		
Darc	777777777	Second Inventor's signature		
Residence Melbourne Beach, FL	study of sect	Date Residence (city) (state or country)		
Citizenship _US		Residence (city) , (state or country) Citizenship		
Post Office Address: 267 Loggerhe		Post Office Address:		
Melbourne Be	each, FL			
				
Full name of joint		Full name of joint		
Inventor, if any		Inventor, if any		
Third Inventor's signature		Personal Company of the		
Date		Fourth Inventor's signature Date		
Residence (city)	(state or county)	P 11		
Citizenship	- 	Citizenship (5/14)		
l'ost Office Address:		Post Office Address:		